## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [x] IXC [ ] CLEC [ ] ILEC [ ] Wireless 24985

<del></del>	CERTIFICATED COMP	PANY INFORMATION
SBC L	ong Distance, LLC	
Compa	any Name	FEIN/SSN
	Long Distance	210 246-8749
Dba/fk		Telephone #
1010	Saint Mary's St., Room 13-21	
•	g Address	
	ntonio, TX 78215	
	State, Zip Code	
	N. St. Mary's St., Room 13-21	
	ess Location	Pover
	Intonio, TX 78215	Bexar
City, S	State, Zip Code	County
	REGISTERED AGEI	NT INFORMATION
Regist	ered Agent: CT Corporation System	
Mailing	g Address: 2 Office Park Court, Suite 103, Colur	mbia, SC 29223
	nbia, SC 29223	
City, S	State, Zip Code	
rsuant	to the Commission's rules and regulations, p	rint or type company contact for the following areas:
	Chris Timmermans - Associate Director	
Α.	General Manager (Include Address if different No Change / Telephone Number / Facsimile Number 777 NW Blue Pkwy, Office of the President, Lo	/ / E-mail Address
B.		ative (Include Address if different than above) / ct4873@att.com
	Telephone Number / Facsimile Number	/ E-mail Address
	777 NW Blue Pkwy, Office of the President, L	
C1.		ative for Escalated Complaints (Include Address if
	<u> </u>	
	Telephone Number / Facsimile Number	/ E-mail Address
C2.	Customer Contact (Toll Free Number)	TAPO 1
	800 288-2020	0/0,80 30
D.	Engineering Operations (Include Address if 866 466-2288 /	f different than above) /dl-GNOCOMsSMs@ems.att.com
	Telephone Number / Facsimile Number	/ E-mail Address
	No Change	
E.	Test and Repair (Include Address if different 800 288-2020 /	than above) /
	Telephone Number / Facsimile Number	/ E-mail Address
	No Change	
F.	Emergencies (During Non-Office Hours) No Change /	1
	Telephone Number / Facsimile Number	/ E-mail Address Pg. 1 of 2

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Cindy Cox			
Regulatory Office	r (Include Address if differ	ent than above)	
803 401-2252	/ 803 771-4680	/ cc2283@att.com	
Telephone Numbe	r / Facsimile Number	/ E-mail Address	
N/A			
<b>Dual Party Mailing</b>	gs (Name)		
N/A			
(Mailing Address)			
Telephone Numbe	r / Facsimile Number	/ E-mail Address	
<u>N/A</u>			
Interim LEC Fund	Mailings (Name)		
/h			
(Mailing Address)	,	,	
T-1	. / Cassinsila Number	/ C:   Address	
Telephone Numbe	r / Facsimile Number	/ E-mail Address	
Bebe Descoteaux	P 184 '' /\		***************************************
	Fund Mailings (Name)	Intonio TV 70045	
	y's St., Room 13-21, San A	MILONIO, 1A 76213	
(Mailing Address) 210 246-8749	/ 210 246-8152	/ br5852@att.com	
Telephone Numbe		/ E-mail Address	
Bebe Descoteaux	i / Lacsinille Manibel	/ L-Mail Address	
Gross Receipts M	leilinge (Nomo)		
	ry's St., Room 13-21, San /	Antonio TY 78215	
(Mailing Address)	1 y S St., 1300111 13-21, Sait 7	AIROHO, TA TOZIO	
210 246-8749	/ 210 246-8152	/ br5852@att.com	
Telephone Numbe		/ E-mail Address	
N/A	, , , , , , , , , , , , , , , , , , , ,	, = ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Lifeline Mailings	Name)		
(Mailing Address)	4		
	1	1	
Telephone Numbe	r / Facsimile Number	/ E-mail Address	
Bebe Descoteaux		Do	Lescolare
This form was co		Signature	
Lead Financial Ar	nalyst	/ 03/25/2013	
Title		Date	

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Attn: Clerk's Office Post Office Drawer 11649 Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201